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listed item(s)

PTO/SB/17 (01-06)
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Under the Paperwork Red	UCLIDIT ACT OF 1990	o, no person are n	squired to res	porta to a collectio		plete if Know		COTTO OTTO TIDO	
ges pursuant to the Consolid	lated Appropriation	ons Act, 2005 (H.I	R. 4818). 📙	Amplication Num		0/761,508-Co			
FEE TRANSMITTAL For FY 2006			<u>⊢</u>				uary 20, 2004		
			<u>⊢</u> '				domu Nishino		
FUI	F1 200	U	<b>—</b>	Examiner Name	J	6. M. Rayford	10		
	-114144-4	Can 27 CED 4 2	_ ⊢		<del></del>	<del> </del>			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1772					
TOTAL AMOUNT OF PA	00 /	Attomey Docket No. 09483/0200797-US0							
METHOD OF PAYMENT (check all that apply)									
X Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION (	All the fees	below are d	ue upon	filing or may	be subje	ct to a surcha	rge.)		
1. BASIC FILING, SEARC	•								
	FILIN	G FEES	SEAF	RCH FEES	EXAMIN	ATION FEES Small Entity			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Fees F	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
<u>Fee Description</u> Each claim over 20 (inclu	ding Reissues)	)					Fee (\$) 50	Fee (\$) 25	
Each independent claim o	ver 3 (includir	ng Reissues)					200	100	
Multiple dependent claims	S						360	180	
Total Claims Extra	a Claims F	ee (\$)	Fee Pa	id (\$)	<u>Mu</u>	ltiple Depende	nt Claims		
=	x _	= _			<u>Fee</u>	<u> (\$)</u> <u>F</u>	ee Paid (\$	<u>)</u>	
HP = highest number of total c	laims paid for, if g	reater than 20.				<del></del>			
Indep. Claims Extra		ee (\$)	Fee Pa	id (\$)					
HP = highest number of indepe	endent claims paid	for, if greater tha	n 3.	<del> </del>					
3. APPLICATION SIZE FE		. •						<del></del>	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
	Extra Sheets			litional 50 or frac	tion thereof	Fee (\$)	Fee i	Paid (\$)	
	- All Citoto			ound up to a who			<u></u>		
4. OTHER FEE(S)  Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Extension for response within second month(1 <sup>st</sup> mo.									
1252 paid) 330.00 1801 Request for continued examination (RCE) (see 37 790.00									
SUBMITTED BY			T n	egistration No.					
Signature	M	$\searrow \! \! \! \perp$		egistration No. (ttorney/Agent)	54,781	Telephone	(212) 52	7-7700	
Name (Print/Type) Jason C	Chumney	X				Date	May 8,	2006	
		U							

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ľ	Express Mail Label No.	Dated:	_
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Application No. (if known): 10/761,508

Attorney Docket No.: 09483/0200797-US0

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Fee Transmittal for FY 2006 (1 page)
Second Month Request for Extension of Time Under
37 CFR 1.136(a) (1 page)
Request for Continued Examination (1 page)
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